California Film & Television Tax Credit Program

EXPENDITURE SUMMARY REPORT



| QUEUE # CAL # | | | | | | | CFC Use Only: | |
|---|-----------------------|-------------------------|---|--------------------------------|---------------|--------------------------|------------------------------------|--|
| | | | | | | | DATE RECEIVED: | |
| Section 1: APPL | ICAN | IT INF | ORMATION | | | | | |
| Production Title: | | | | | | Today's Date: | | |
| *Applicant Entity or Indivi | dual/Ti | tle (if Indi | ividual): | | | -1 | | |
| Production Company Na | me (if c | different f | rom Applicant): | | | | | |
| Applicant Address: | | | | | | | | |
| City: | | | | State: | | | ZIP: | |
| Country: | Country: Email: | | | | | | <u> </u> | |
| Phone: | hone: Cell phone: | | | | | Fax: | | |
| Taxpayer ID #: | | | Seller's Permit #: (If applicable) | | | Copyright Registratio | on #: | |
| | | Corpo | vration | | | Subchapte | er S Corporation | |
| | | • | ited Liability Corporation | | | Partnership | | |
| · · | ,, , | | dual Proprietorshi | · | | | | |
| * The Applicant is any corporate is principally engaged in the production, production, and Credit Certificate. Section 2: PROD | e produc d post-pr | ction of the roduction. | e "qualified motion The Applicant is t | pictures" and the qualified ta | that controls | the film or tel | | |
| | | | | | □ Ch | ack hara if same | e as Applicant; Skip to Section 2B | |
| A. Primary Production Company / Studio Representa Name: | | | ulo Representat | Title: | L City | SON HOLE II Sain | s as Applicant, only to occiton 25 | |
| Company Name: | | | | | | | | |
| Company Address: | | | | | | | | |
| City: | | | | State: | State: | | ZIP: | |
| Country: | | F | Email: | | | | | |
| Phone: | | (| Cell phone: | | | Fax: | | |

| B. Payroll Service | | | | | | |
|--|--------------------------------------|---|-------------|------------------|--|--|
| Company Name: | | | | | | |
| Paymaster: | | | | | | |
| Address: | | | | | | |
| Email: | | Phone: | | Fax: | | |
| C. Distributor - Domestic or Internati | onal (if known) | | | | | |
| Company Name: | | Contact Name: | | | | |
| Email: | Phone: | | | | | |
| C. Agreed Upon Procedures - CPA F | irm Information | | | | | |
| CPA Firm: | | | | | | |
| CPA: | | License or Practice Privilege Permit #: | | | | |
| Address: | | | | | | |
| Email: | | Phone: | | Fax: | | |
| | | | | | | |
| Section 3: ELIGIBILITY DE | ETERMINATIO | N | | | | |
| A. Production Schedule | | | | | | |
| Start Date of Pre-Production: | Start Date of Principal I | Photography: | End Date of | Post-Production: | | |
| Wrap Date: | | Projected or Actual Release Date: | | | | |
| B. Principal Photography (PP) Days | | | | | | |
| a. Total PP Days in Los Angeles area: | | d. Total non-CA PP days: | | | | |
| b. Total PP Days outside 30-mile studio | e. Total PP days (c+d): | | | | | |
| c. Total CA PP days (a+b): | f. Total % CA PP days (c ÷ e x 100): | | | | | |
| g. Total CA 2nd unit / stunt / VFX days: | | | | | | |
| List California counties, outside of studi | o zone, where filmin | g occurred: | | | | |
| List any locations, outside of CA, where | e filming occurred (st | ate/country): | | | | |
| | | | | | | |
| Section 4: PRODUCTION S | STATISTICS | | | | | |
| A. Labor Statistics for In-State Work | | | | | | |
| Total # of Cast Members: | Total Cast Man-Days**: | | | | | |
| Total # of "Base" Crew Members*: | Total Crew Man-Days**: | | | | | |

Total Extras / Stand-ins Man-Days**:

Total # of CA Vendors:

Total # of Qualified & Non-Qualified CA Residents:

Total # of Qualified & Non-Qualified Non-residents:

^{*} Base crew is the average number of staff and shooting crew employed per day.

^{**} The sum of the number of days, full or partial, a person is estimated to work.

| B. California Taxable Spend / Taxe | es Withheld | | | | | | |
|---|---|----------------|--|--------------------------------------|------------------|--------|--|
| Qualified & non-qualified expenditure services, including taxes, that are sul use taxes (non-wage): | Total state income taxes withheld on qualified AND non-qualified wages: | | | | | | |
| C. Total Production Budget | | | | | | | |
| Total California Expenditures (Qualifi | ed AND Non-Qualifie | d): | | | | | |
| D. Employment Diversity Informati | ion | | | | | | |
| | | | # of | Hires | # of Days Worked | | |
| Note: Complete the information | | | Male | Female | Male | Female | |
| for cast and crew (do not include extras) to the extent possible and | Asian Pacific | | | | | | |
| pased only upon information | Black | | | | | | |
| provided by the individual cast | Caucasian | | | | | | |
| and crew members in their payroll start information. | Latino / Hispanic | | | | | | |
| , | Native American Indian | | | | | | |
| | Unknown / Other | | | | | | |
| | TOTAL | | | | | | |
| | | | | | | | |
| Section 5: TAX CREDIT A A. Qualified Expenditures a1. Qualified Wages & Fringes | ALLOCATION a2. Qualified Wag | es & Fringes | - | a3. Total Q | ualified Wag | ges & | |
| (excluding post): | Post-Production only: | | | Fringes: (a1+a2) | | | |
| o1. Qualified (Non-Wage) Spend (excluding post): | b2. Qualified (Non-Wage) Spend Post- Production only: | | b3. Total Qualified (Non-Wage) Spend: (b1+b2) | | | | |
| c1. Total Qualified Expenditures (excluding post): (a1+b1) | c2. Total Qualified Expenditures Post- Production only: (a2+b2) | | | c3. Total Qualified Expenditures: | | | |
| (oncodering poot): (a 1 · 2 ·) | . Toduction 5.h.y. (a2 152) | | | | | | |
| B. Tax Credit Allocation Due | | | | | | | |
| Total Qualified Expenditures | Eligible Tax Credit Enter .20 or .25 | = | | | | | |
| Note: Calculate tax credit allocation | utilizing applicable qu | ualified expen | diture perc | entage for yo | our production | on. | |
| 25 % - Independent Productions & | Relocating TV Series | | 20 % - Oth | ner Qualified | Motion Pictu | ıres | |
| Credit All | ocation Letter Amoun | t: | | | | | |
| | | | | | | 1 | |
| FINAL CREDIT ALL | OCATION (whiche | ver is less): | | | | | |

Section 6: REQUIRED MATERIALS CHECKLIST

| | CFC Form F Expenditure Summary Report - CFC Form F (rev Nov. 18,2011) - Original paper copy & Electronic PDF File |
|--------|---|
| | Proof Certificate of Copyright Registration of the screenplay, or teleplay or proof of copyright registation of the |
| | motion picture, television series or television movie - Paper copy |
| \Box | Post Production facility letter - Signed copy |
| \Box | Verification of in-state work for visual effects, titles, post-sound, digital effects - Signed paper copy |
| | Cast, Crew, and Vendor Lists - Electronic PDF file |
| | Main and end title final "checker" - Electronic PDF file |
| \Box | Agreed Upon Procedures Report prepared by independent, licensed CPA signed paper copy & electronic PDF |
| | 5 Production Stills - electronic digital files with cast approvals cleared for CFC usage |
| | End Credit Acknowledgement to "The State of California and The California Film Commission" |
| | Optional: CFC Logo |
| | EPK (if available) - DVD or Flashdrive |
| | Local Community Expenditure Report, if overnight location occurs outside 30 mile zone - paper copy |
| | New Television Series Only: Documentation verifying initial distribution on basic cable - paper copy |
| | MOW Only: Documentation evidencing initial distribution on television, broadcast in one part - paper copy |
| | Miniseries Only: Documentation evidencing initial distribution on television of 2 or more episodes |
| | and a total running time of at least 150 program minutes - paper copy |
| \Box | 5 Production Stills - electronic digital files with cast approvals cleared for CFC usage |
| \Box | EPK (if available) |
| | Agreed Upon Procedures (AUP) Report, including Exhibit A, prepared by independent, licensed CPA |
| | - paper copy |
| | Required AUP documentation: |
| | □ Post production facility letter or invoice evidencing the date final element was completed - paper copy |
| | □ Verification of in-state work for visual effects, titles, post-sound, digital effects |
| | Signed paper copies with vendor names, addresses, and phone numbers |
| | ☐ Related party disclosure list - paper copy |
| | ☐ Listing of Assets comprised of office, post production, or effects equipment |
| | ☐ Listing of Assets over \$10,000 |
| | ☐ Payroll representative letter or email verifying no outstanding invoices - hard copy |
| | ☐ Statements from insurance and/or completion bond company if premium/fee is prorated - email or |
| | hard copy |

| | □ Verification Letter from Applicant(as applicable) - sig | ned Paper Copy |
|-----------|---|--|
| | □ Verification of accuracy of related party disclos | sure list |
| | ☐ Verification that all insurance claims related to | Qualified Expenditures have been credited in |
| | cost report | |
| | and/or updated information, as applicable, to the documentated by the CFC. | ion requested below in an electronic format as |
| □ | 1.) Detailed Narrative Statement Please provide a written statement on letterhead which de influence or affect choice of filming location with respect to include hiring, and/or salary decisions, and should state to with respect to choice of location. | financial and business considerations. These may |
| | 2.) For applicants that are a partnership or single membe and that are not more than 25% owned by a publicly trade | |
| <u></u> | A) Financial information, if available, including but not limit annual statements of profits and losses, audited or unaudi projections or results. This information is not subject to pu | ted financial statements, summary budget |
| | B) The names of all partners in a partnership or names of (classified as a partnership not publicly traded for California subject to public disclosure. | |
| | 3) For applicants that are publicly traded companies or aff | |
| | A) A listing of all members of the applicant's combined reprise anticipated to be assigned. | orting group and any members to which the credit |
| | B) To the best of the applicant's knowledge, a listing of all of those members of a combined reporting group have fine calendar year from which the application was submitted. | |
| ALL E | LECTRONIC FILES MUST BE SUBMITTED ON A C | |
| | | |
| Section | on 7: SIGNATURE | |
| - | under penalty of perjury under the laws of the State of Californents and that, to the best of my knowledge, its content is true | , , |
| - | e of Qualified Taxpayer / Representative | Date |
| Printed N | Name and Title | |